

Meeting Date:

This form is due back to CST by:

**Baltimore City Public Schools
Montebello Elementary/Middle School #44
SPECIAL EDUCATION PROGRESS REPORT**

PART 1: General Information

Student			
Grade		PIF	
DOB		Days Absent	
Days Enrolled		Days Tardy	
LA Teacher			
Math Teacher			

**PART 2: Informal/Formal Assessments
(Use Grade Equivalent and Standardized Scores)**

Test Name	
Test Date	

	<input type="checkbox"/> INFORMAL	<input type="checkbox"/> FORMAL	G.E.
Math	<i>Calculation</i>		
	<i>Problem Solving</i>		
Reading	<i>Decoding/Phonics</i>		
	<i>Comprehension</i>		
Written Language	<i>Expression</i>		
	<i>Content</i>		
	<i>Mechanics</i>		
	<i>Spelling</i>		

PART 3: Provide skill strengths/weaknesses and comments in regard to this student's academic functioning. (List skills student has/has not mastered under STRENGTH/WEAKNESS.) [2-line-typed entry-limit at most]

READING	Phonics/Decoding
<i>Strengths</i>	
<i>Weaknesses</i>	
<i>Comments</i>	
READING	Comprehension
<i>Strengths</i>	
<i>Weaknesses</i>	

<i>Comments</i>	
WRITTEN LANGUAGE	Expression
<i>Strengths</i>	
<i>Weaknesses</i>	
<i>Comments</i>	
WRITTEN LANGUAGE	Content
<i>Strengths</i>	
<i>Weaknesses</i>	
<i>Comments</i>	
WRITTEN LANGUAGE	Mechanics
<i>Strengths</i>	
<i>Weaknesses</i>	
<i>Comments</i>	
MATH	Calculation
<i>Strengths</i>	
<i>Weaknesses</i>	
<i>Comments</i>	
MATH	Problem Solving
<i>Strengths</i>	
<i>Weaknesses</i>	
<i>Comments</i>	

PART 4: Check/Cross All That Apply

GENERAL PERFORMANCE		
1	Has shown some improvement	<input type="checkbox"/>
2	Is progressing satisfactory	<input type="checkbox"/>
3	Is not progressing satisfactorily	<input type="checkbox"/>
4	Is in danger of failing	<input type="checkbox"/>
5	Is failing	<input type="checkbox"/>
6		<input type="checkbox"/>
CLASS PARTICIPATION		
7	Participates in class	<input type="checkbox"/>
8	Works well with peers	<input type="checkbox"/>
9	Accepts responsibilities	<input type="checkbox"/>
10	Completes assigned work	<input type="checkbox"/>
11	Attempts work but doesn't complete	<input type="checkbox"/>
12	Does not attempt work	<input type="checkbox"/>
13		<input type="checkbox"/>
PREPARATION		
14	Asks questions if needed	<input type="checkbox"/>
15	Comes to class prepared	<input type="checkbox"/>
16	Submits work on time	<input type="checkbox"/>
17	Makes up work when absent	<input type="checkbox"/>
18	Completes homework	<input type="checkbox"/>
19	Follows task directions	<input type="checkbox"/>
20	Organizes/maintains materials	<input type="checkbox"/>
21	Does not complete homework	<input type="checkbox"/>
22		<input type="checkbox"/>
PERSONAL ATTITUDE AND HABITS		
23	Displays self-control	<input type="checkbox"/>
24	Reports to class on time	<input type="checkbox"/>
25	Has good peer relationships	<input type="checkbox"/>
26	Respects authority	<input type="checkbox"/>
27	Exhibits cooperation	<input type="checkbox"/>
28		<input type="checkbox"/>
ORGANIZATIONAL SKILLS		
29	Follows school and class rules	<input type="checkbox"/>
30	Has adequate materials/equipment	<input type="checkbox"/>
31	Stays on task	<input type="checkbox"/>
32	Keeps work area clean	<input type="checkbox"/>
33	Works independently	<input type="checkbox"/>
34	Requires constant supervision	<input type="checkbox"/>

35	Models good work habits for others	<input type="checkbox"/>
36		<input type="checkbox"/>
BEHAVIORAL MANAGEMENT		
37	Follows directions the first time	<input type="checkbox"/>
38	Uses appropriate language	<input type="checkbox"/>
39	Respects self/others/property	<input type="checkbox"/>
40	Keep hands/feet/objects to self	<input type="checkbox"/>
41		<input type="checkbox"/>

PART 5: Recommended Classroom/Testing Accommodations

1A	Large Print	<input type="checkbox"/>
1B	Magnification Devices	<input type="checkbox"/>
1F	Human Reader or Audio Recording for Verbatim Reading of Entire Test	<input type="checkbox"/>
1G	Human Reader or Audio Recording of Selected Sections of Test	<input type="checkbox"/>
1L	Text to Speech Software for Verbatim Reading of Entire Test	<input type="checkbox"/>
1M	Text to Speech Software for Selected Sections of Test	<input type="checkbox"/>
1O	Visual Cues	<input type="checkbox"/>
1P	Notes and Outlines	<input type="checkbox"/>
2A	Scribe	<input type="checkbox"/>
2G	Respond on Test Book	<input type="checkbox"/>
2H	Monitor Test Response	<input type="checkbox"/>
2J	Mathematics Tools and Calculation Devices*	<input type="checkbox"/>
2K	Spelling and Grammar Devices*	<input type="checkbox"/>
2L	Visual Organizer	<input type="checkbox"/>
2M	Graphic Organizer	<input type="checkbox"/>
3A	Extended Time	<input type="checkbox"/>
3B	Multiple or Frequent Breaks	<input type="checkbox"/>
3C	Change Schedule or Order of Activities - Extend over multiple days	<input type="checkbox"/>
3D	Change Schedule or Order of Activities - Within one day	<input type="checkbox"/>
4A	Reduce Distractions to the Student	<input type="checkbox"/>
4B	Reduce Distractions to Other Students	<input type="checkbox"/>
4C	Change Location to Increase Physical Access or to Use Special Equipment - Within School Building	<input type="checkbox"/>
4D	Change Location to Increase Physical Access or to Use Special Equipment - Outside School Building	<input type="checkbox"/>
Others	<input type="checkbox"/>	

PART 6: Progress made from LAST YEAR ON IEP GOALS AND OBJECTIVES (Be specific for each goal/objective on his/her current IEP. Indicate previous academic levels and current academic levels.)

BACKGROUND	<i>Previous</i>	
	<i>Current</i>	
SUMMARY		

		G.E.	Description <i>[2-line-typed entry-limit at most]</i>
PHONICS	<i>Reading Previous</i>		
	<i>Reading Current</i>		
	<i>Progress</i>		
COMPREHENSION	<i>Reading Previous</i>		
	<i>Reading Current</i>		
	<i>Progress</i>		
EXPRESSION	<i>Writing Previous</i>		
	<i>Writing Current</i>		
	<i>Progress</i>		

CONTENT	<i>Writing Previous</i>		
	<i>Writing Current</i>		
	<i>Progress</i>		
MECHANICS	<i>Writing Previous</i>		
	<i>Writing Current</i>		
	<i>Progress</i>		
CALCULATION	<i>Math Previous</i>		
	<i>Math Current</i>		
	<i>Progress</i>		
PROBLEM SOLVING	<i>Previous</i>		
	<i>Current</i>		
	<i>Progress</i>		
	<i>Previous</i>		
	<i>Current</i>		
	<i>Progress</i>		

PART 7: Indicate SUPPLEMENTARY AIDS, SERVICES, PROGRAM MODIFICATIONS AND SUPPORT needed to support student in the general education environment.

Legend			
INSTRUCTIONAL SUPPORTS		Manner	Location
<input type="checkbox"/>	Allow use of manipulatives		
<input type="checkbox"/>	Allow use of organizational aids		
<input type="checkbox"/>	Check for understanding		
<input type="checkbox"/>	Frequent and/or immediate feedback		
<input type="checkbox"/>	Have student repeat or paraphrase information		
<input type="checkbox"/>	Monitor independent work		
<input type="checkbox"/>	Peer tutoring/paired work arrangement		
<input type="checkbox"/>	Provide assistance with organization		
<input type="checkbox"/>	Repetition of direction		
<input type="checkbox"/>	Use of word-bank to reinforce vocabulary and when extended writing is required		
<input type="checkbox"/>			
PROGRAM MODIFICATIONS		Manner	Location
<input type="checkbox"/>	Altered/modified assignments		
<input type="checkbox"/>	Break down assignments into smaller units		
<input type="checkbox"/>	Chunking of texts		
<input type="checkbox"/>	Modified reading		
<input type="checkbox"/>	Modified grading system		
<input type="checkbox"/>	Reduce number of answer choices		
<input type="checkbox"/>	Reduced length of exams		
<input type="checkbox"/>	Revise format of test (i.e. fewer questions, fill-in-the-blank)		
<input type="checkbox"/>	Use pictures to support reading passages, whenever possible		
<input type="checkbox"/>			
SOCIAL/BEHAVIORAL SUPPORTS		Manner	Location
<input type="checkbox"/>	Adult support		

<input type="checkbox"/>	Crisis intervention		
<input type="checkbox"/>	Encourage student to ask for assistance when needed		
<input type="checkbox"/>	Encourage/reinforce appropriate behavior in academic and non-academic settings		
<input type="checkbox"/>	Frequent eye contact/proximity control		
<input type="checkbox"/>	Frequent reminder of rules		
<input type="checkbox"/>	Home-school communication system		
<input type="checkbox"/>	Implementation of behavior contract		
<input type="checkbox"/>	Reinforce positive behavior through non-verbal/verbal communication		
<input type="checkbox"/>	Use of positive and concrete reinforcers		
<input type="checkbox"/>			
PHYSICAL/ENVIRONMENTAL SUPPORTS		Manner	Location
<input type="checkbox"/>	Adaptive equipment		
<input type="checkbox"/>	Preferential locker location		
<input type="checkbox"/>	Preferential seating		
<input type="checkbox"/>			
SCHOOL PERSONNEL/PARENTAL SUPPORTS		Manner	Location
<input type="checkbox"/>	Audiologist consult		
<input type="checkbox"/>	Classroom instruction consult		
<input type="checkbox"/>	Occupational therapist consult		
<input type="checkbox"/>	Physical therapist consult		
<input type="checkbox"/>	Psychologist consult		
<input type="checkbox"/>	School health consult		
<input type="checkbox"/>	Social worker consult		
<input type="checkbox"/>	Speech/language pathologist consult		
<input type="checkbox"/>	One-on-one Adult Support		
<input type="checkbox"/>			

SpEd Teacher's Name :

Date :